

STATEMENT OF DEFICIENCIES		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 366207		(X2) MULTIPLE CONSTRUCTION a. building _____ b. wing _____		(X3) DATE SURVEY COMPLETED 12/13/2018	
NAME OF PROVIDER OR SUPPLIER ISABELLE RIDGWAY POST ACUTE CARE CAMPUS LLC				STREET ADDRESS, CITY, STATE, ZIP CODE 1520 HAWTHORNE AVENUE COLUMBUS OH, 43203			
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F 0000	<p>INITIAL COMMENTS</p> <p>SPECIAL FOCUS FACILITY COMPLAINT INVESTIGATION MASTER COMPLAINT NUMBER OH00101584, COMPLAINT NUMBER OH00101575, COMPLAINT NUMBER OH00101572, COMPLAINT NUMBER OH00101477</p> <p>ADMINISTRATOR: Marie Hooper, #6662 CERTIFIED BED CAPACITY: 96 CENSUS: 44 MEDICARE: 03 MEDICAID: 21 OTHER: 20</p> <p>The following deficiencies are based on the complaint survey completed on 12/13/18.</p>		F 0000				

laboratory director's or provider/supplier representative's signature

title

MARIE.HOOPER

(X6) date

01/03/2019

any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. for nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. if deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 0680 F 0680 SS=C	Continued From page 1 483.24(c)(2)(i)(ii)(A)-(D) Qualifications of Activity Professional §483.24(c)(2) The activities program must be directed by a qualified professional who is a qualified therapeutic recreation specialist or an activities professional who- (i) Is licensed or registered, if applicable, by the State in which practicing; and (ii) Is: (A) Eligible for certification as a therapeutic recreation specialist or as an activities professional by a recognized accrediting body on or after October 1, 1990; or (B) Has 2 years of experience in a social or recreational program within the last 5 years, one of which was full-time in a therapeutic activities program; or (C) Is a qualified occupational therapist or occupational therapy assistant; or (D) Has completed a training course approved by the State. This STANDARD is not met as evidenced by: Based on review of employee personnel files and staff interview, the facility failed to have a qualified activity director. This affected the 41 of 41 residents residing at the facility. Findings include: Review of State Tested Nurses Aide (STNA) #7 employee personnel file (identified by the facility as an activity aide) revealed no Activity Director qualifications.	F 0680 F 0680	This plan of correction is prepared and executed because it required by the provision of the state and federal law and is not because Isabelle Ridgway admits or denies the validity of the allegation and or citations in the Statement of Deficiencies. Isabelle Ridgway maintains that the alleged deficiencies do not jeopardize the health and safety of the residents, nor is it such character to limit our capability to render adequate care. Please accept this plan of correction as the facility's written credible allegation of compliance such that alleged deficiencies cited have been or will be corrected by the date or dates indicated. To remain in compliance by federal and or state regulations, the facility has taken or will take actions set forth in the following plan of correction. The facility's date of compliance will be: January 7th, 2019 F0680 This alleged deficient practice noted to effect 41 of 41 residents. The facility will ensure that a qualified activity director directs the activities program as outlined in the regulation. Education will be provided to the Executive Director on the requirements for	01/07/2019

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F 0680	<p>Continued From page 2</p> <p>On 12/12/18 at 3:20 P.M. interview with the Administrator revealed the facility has hired someone to be the Activity Director. Per the Administrator, she was at one of our other facilities being trained and she still has to be enrolled in College. Per the Administrator, they had an Activity Director over seeing the activities at the facility, however, there was no documented evidence that she had actually worked at the facility.</p> <p>This deficiency substantiates Complaint Number OH00101477.</p>		F 0680	<p>qualified activity professionals on 12/21/2018 by the Regional Vice President of Operations. To ensure this deficient practice does not recur the Executive Director and or designee will audit 3 days a week for 4 weeks to ensure facility obtains a qualified activities professional. The results of the audit(s) will be reviewed for any variances through the facility's QAPI committee. QAPI committee will determine if it is necessary for audits to continue.</p> <p>12/31/2018 F0680: 1)How will the facility ensure the activities program is directed by a qualified activity director by the AOC date?</p> <p>To ensure activities program is directed by a qualified individual the facility will have a Qualified Activities individual to oversee the program from a sister facility until the current Activities Director completes training for qualification.</p> <p>01/03/19 To ensure this deficient practice does not recur and meets the requirements outlined in this regulation the facility will utilize a qualified activity director on record who will oversee the activities program. The activity director on record meets the requirements outlined in F0680 by evidence of the uploaded attachment.</p>			

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F 0690 F 0690 SS=D	Continued From page 4 483.25(e)(1)-(3) Bowel/Bladder Incontinence, Catheter, UTI §483.25(e) Incontinence. §483.25(e)(1) The facility must ensure that resident who is continent of bladder and bowel on admission receives services and assistance to maintain continence unless his or her clinical condition is or becomes such that continence is not possible to maintain. §483.25(e)(2) For a resident with urinary incontinence, based on the resident's comprehensive assessment, the facility must ensure that- (i) A resident who enters the facility without an indwelling catheter is not catheterized unless the resident's clinical condition demonstrates that catheterization was necessary; (ii) A resident who enters the facility with an indwelling catheter or subsequently receives one is assessed for removal of the catheter as soon as possible unless the resident's clinical condition demonstrates that catheterization is necessary; and (iii) A resident who is incontinent of bladder receives appropriate treatment and services to prevent urinary tract infections and to restore continence to the extent possible. §483.25(e)(3) For a resident with fecal incontinence, based on the resident's comprehensive assessment, the facility must ensure that a resident who is	F 0690 F 0690	F0690 The alleged deficient practice was noted to affect one resident. The facility will ensure residents who are admitted with a subprapubic catheter has a physician's order for it's use, an order for catheter care and ensure catheter care is being provided. Education will be provided to licensed nurses and State Tested Nursing Assistance on subprapubic catheter physician orders needed, orders regarding the care of the subprapubic catheter and subprapubic catheter care being provided by the Director of Nursing and or designee on or before the date of compliance. To ensure this deficient practice does not recur the Director of Nursing and or designee will audit 3 days a week for 4 weeks on ensuring policy and or procedures are being followed related to subprapubic catheters. The results of the audit(s) will be reviewed for any variances through the facility's QAPI committee. QAPI committee will determine if it is necessary for audits to continue. 12/31/2018 F0690 1) Please address Resident #200. Resident #200 is a closed medical record who discharged on 5/17/18.	01/07/2019

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F 0690	<p>Continued From page 5</p> <p>incontinent of bowel receives appropriate treatment and services to restore as much normal bowel function as possible. This STANDARD is not met as evidenced by:</p> <p>Based on review of the medical record and staff interview, the facility failed to ensure a resident admitted with a suprapubic catheter had a physician's order for its use and an order for catheter care and failed to ensure catheter care was provided. This affected one of one resident reviewed for catheter care (Resident #200).</p> <p>Findings include:</p> <p>Review of the closed medical record for Resident #200 revealed an admission date of 05/08/18 and discharge date of 05/17/18. The resident had diagnoses to include quadriplegia, anxiety disorder, major depressive disorder, bipolar disorder, schizophrenia, osteomyelitis of vertebra, sacral and sacrococcygeal region, bed confinement, chronic pain syndrome, pressure ulcer of sacral region, stage 3. The nursing admission assessment dated 05/08/18 revealed the resident had a suprapubic catheter present. The assessment did not include any additional information to include the reason for the use of the catheter or what type or size it was.</p> <p>A progress note dated 05/08/18 at 5:31 P.M. revealed the resident had a</p>		F 0690	<p>2)The POC must indicate how the facility will act to protect residents in similar situations (how will you identify other residents who may be potentially affected by the same deficient practice, and what action you will take to protect them?);</p> <p>-Was a whole house audit completed to ensure other residents with catheters had proper orders and received proper care, etc?</p> <p>Facility conducted a whole house on audit on 12/21/2018 by the Director of Nursing and or designee. The audit was related to residents with subprapubic catheters to ensure they have physician orders for use, an order for catheter care and ensuring that the care is being provided. The facility will act to protect other residents in similar situations by ensuring upon admission and or implementation of a subprapubic catheter(s) that there is a physician order present for use of the catheter, an order present for catheter care and and ensuring catheter care is being provided.</p> <p>3)The POC states "To ensure this deficient practice does not recur the Director of Nursing and or designee will audit 3 days a week for 4 weeks on ensuring policy and or procedures are being followed related to subprapubic catheters."</p> <p>-Will these audits include ensuring residents with a catheter have orders for its use, and that catheter care orders are present and completed?</p>			

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F 0690	<p>Continued From page 6</p> <p>suprapubic catheter.</p> <p>Review of the Treatment Administration Record (TAR) May, 2018 revealed the suprapubic catheter was changed on 05/13/18 and again on 05/15/18. Review of the physician's orders revealed there was no order for the catheter and no order for catheter care. There was an order to change the suprapubic catheter per admission orders on 05/14/18 every night shift for two days.</p> <p>Review of the medical record revealed there were no progress notes documenting the change of the catheter on 05/14/18 or 05/15/18, what size was used, how the resident tolerated the procedure or if the catheter was to straight drain.</p> <p>Interview on 12/12/18 at 11:15 A.M. with the Director of Nurses (DON) confirmed they had no physician orders for the use of the catheter or catheter care. She stated there definitely should have had physician orders for the catheter and the catheter care. She confirmed there was no evidence in the record that catheter care was done.</p> <p>This deficiency substantiates Complaint Number OH00101575.</p>		F 0690	<p>To ensure this deficient practice does not recur the Director of Nursing and or designee will audit 3 days a week for 4 weeks on ensuring subprapubic catheter(s) obtains a physician order for use of the catheter, an order present for catheter care and and ensuring catheter care is being provided.</p>			

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F 0727 F 0727 SS=F	<p>Continued From page 7</p> <p>483.35(b)(1)-(3) RN 8 Hrs/7 days/Wk, Full Time DON</p> <p>§483.35(b) Registered nurse</p> <p>§483.35(b)(1) Except when waived under paragraph (e) or (f) of this section, the facility must use the services of a registered nurse for at least 8 consecutive hours a day, 7 days a week.</p> <p>§483.35(b)(2) Except when waived under paragraph (e) or (f) of this section, the facility must designate a registered nurse to serve as the director of nursing on a full time basis.</p> <p>§483.35(b)(3) The director of nursing may serve as a charge nurse only when the facility has an average daily occupancy of 60 or fewer residents.</p> <p>This STANDARD is not met as evidenced by:</p> <p>Based on review of the staffing posting, staffing assignment sheets, staffing roster and staff interview, the facility failed to ensure the facility used the services of a registered nurse for at least eight consecutive hours a day, seven days a week. This had the potential to affect all 44 residents residing in the facility.</p> <p>Findings include:</p> <p>Staffing postings were reviewed from 11/28/18 through 12/12/18. Under the Registered Nurse (RN) section there were no RN's working on any of the above days.</p>	F 0727 F 0727	<p>F0727</p> <p>The alleged deficient practice was noted to have affected 44 of 44 residents residing in the facility.</p> <p>The facility will ensure it utilizes the services of a registered nurse for at least eight consecutive hours a day, seven days a week.</p> <p>Education will be provided to the Director of Nursing on 12/21/2018 by the Executive Director and or designee.</p> <p>To ensure this deficient practice does not recur the Executive Director and or designee will audit 3 days a week for 4 weeks on ensuring the facility obtains the services of a registered nurse for at least 8 consecutive hours a day, 7 days a week.</p> <p>The results of the audit(s) will be reviewed for any variances through the facility's QAPI committee. QAPI committee will determine if it is necessary for audits to continue.</p> <p>12/31/2018</p> <p>F0227</p> <p>1)How will the facility ensure an RN works at least 8 consecutive hours daily? (What measures will the facility will take or systems will it alter to ensure that the problem does not recur)?</p> <p>The facility has contracted with a Staffing Agency to ensure an RN works at least 8 consecutive hours daily.</p> <p>To ensure this deficient practice does not recur</p>	01/07/2019

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F 0727	<p>Continued From page 8</p> <p>Review of the assignment sheets from 11/28/18 through 12/12/18 revealed there were no RN's scheduled to work during this time period.</p> <p>Review of the staffing roster revealed there was only one RN employed at the facility. Her name was not on any of the assignment sheets for the above time period.</p> <p>Interview with the Director of Nursing on 12/12/18 at 3:05 P.M. confirmed they did not have a RN working the required 8 hours per day during the above time period.</p> <p>This deficiency substantiates Master Complaint Number OH00101584 and Complaint Number OH00101477.</p>		F 0727	<p>the facility has educated the Director of Nursing on 12/21/2018 on scheduling a RN at least 8 consecutive hours daily. Should the facility have challenges obtaining a RN to work at least 8 consecutive hours daily the facility will utilize the services from an agency to ensure the requirements of this regulation are met.</p> <p>2)The POC states "Education will be provided to the Director of Nursing on 12/21/2018 by the Executive Director and or designee." -What will the DON be educated on? -Who is responsible for the scheduling at the facility?</p> <p>Director of Nursing was educated on 12/21/2018 on ensuring a RN works at least 8 consecutive hours daily by the Executive Director. The Director of Nursing will educate the scheduler on or before the date of compliance on ensuring a RN works at least 8 consecutive hours daily.</p>			

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F 0880 F 0880 SS=D	Continued From page 9 483.80(a)(1)(2)(4)(e)(f) Infection Prevention & Control §483.80 Infection Control The facility must establish and maintain an infection prevention and control program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections. §483.80(a) Infection prevention and control program. The facility must establish an infection prevention and control program (IPCP) that must include, at a minimum, the following elements: §483.80(a)(1) A system for preventing, identifying, reporting, investigating, and controlling infections and communicable diseases for all residents, staff, volunteers, visitors, and other individuals providing services under a contractual arrangement based upon the facility assessment conducted according to §483.70(e) and following accepted national standards; §483.80(a)(2) Written standards, policies, and procedures for the program, which must include, but are not limited to: (i) A system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the facility; (ii) When and to whom possible incidents	F 0880 F 0880	F0880 The alleged deficient practice was noted to have affected one resident. Resident #6 was assessed on 12/28/18 by Director of Nursing and or designee for any adverse outcomes related to the deficient practice. There were no adverse outcomes noted. The facility will ensure the infection control standards are followed by way of education to nursing assistants on proper procedures per policy and or regulation. STNA #29 was educated on proper procedures for providing incontinence care on 12/25/18 by Director of Nursing. Education will be provided to State Nursing Tested Assistants on or before the date of compliance by the Director of Nursing and or designee. To ensure this deficient practice does not recur the Director of Nursing and or designee will audit 3 days a week for 4 weeks on ensuring infection control procedures are being properly followed per facility policy and or regulation. The results of the audit(s) will be reviewed for any variances through the facility's QAPI committee. QAPI committee will determine if it is necessary for audits to continue. 12/31/2018 F0880 Please indicate how the facility will act to protect residents in similar situations (how will	01/07/2019

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F 0880	<p>Continued From page 10</p> <p>of communicable disease or infections should be reported;</p> <p>(iii) Standard and transmission-based precautions to be followed to prevent spread of infections;</p> <p>(iv) When and how isolation should be used for a resident; including but not limited to:</p> <p>(A) The type and duration of the isolation, depending upon the infectious agent or organism involved, and</p> <p>(B) A requirement that the isolation should be the least restrictive possible for the resident under the circumstances.</p> <p>(v) The circumstances under which the facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease; and</p> <p>(vi) The hand hygiene procedures to be followed by staff involved in direct resident contact.</p> <p>§483.80(a)(4) A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility.</p> <p>§483.80(e) Linens. Personnel must handle, store, process, and transport linens so as to prevent the spread of infection.</p> <p>§483.80(f) Annual review. The facility will conduct an annual review of its IPCP and update their program, as</p>			F 0880	<p>you identify other residents who may be potentially affected by the same deficient practice, and what action you will take to protect them?)</p> <p>To ensure this deficient practice does not recur the facility will conduct random audits on pericare to ensure residents in similar situations are protected. Audits will be conducted by the Director of Nursing and or designee.</p>		

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F 0880	<p>Continued From page 11</p> <p>necessary. This STANDARD is not met as evidenced by: Based on observation and staff interview the facility failed to ensure infection control standards were followed when a State Tested Nursing Assistant (STNA) placed two trash bags and a wash basin directly on the floor and soiled towels and washcloths fell out of the bag onto the floor. This affected one of one resident observed for incontinence care (Resident #6).</p> <p>Findings include:</p> <p>Observation of perineal care/incontinence care on 12/12/18 at 3:10 P.M. revealed STNA #29 provided incontinence care to Resident #6. She placed two trash bags onto the floor, one for trash and one for linen. During the procedure the resident had a bowel movement and she used toilet paper to clean the resident. She placed the toilet paper and wipes into the bag on the floor. She then used several washcloths and towels when cleaning the resident further. When the washcloths were placed into the bag, some of them spilled out onto the floor. She then rinsed out the basin after the procedure and placed it on the floor.</p> <p>Interview immediately following the observation with STNA #29 confirmed the trash bags for the trash and linens were</p>	F 0880		

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F 0880	<p>Continued From page 12</p> <p>placed on the floor and some of the washcloths and towel had spilled out onto the floor and the basin was placed on the floor at the end of the procedure.</p> <p>This deficiency is cited as an incidental finding to Complaint Number OH00101575.</p>		F 0880				